

2000 UNIFORM BUSINESS REPORT (UBR)

0013285 JF

DOCUMENT # **A30869**

1. Entity Name
SUMMIT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:44

Principal Place of Business 12608 COVE VIEW STUART FL 34994	Mailing Address 12608 COVE VIEW STUART FL 34994-9144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1727588	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**KLASSEN, HELEN
12608 COVE VIEW
STUART FL 34994**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$255,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	KLASSEN, HELEN 12608 COVE VIEW STUART FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<i>mf 2/28/00</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	180003155831--4
CITY - ST - ZIP	-03/03/00--01014--003 ****158.75 ****158.75
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver, or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SIGNATURE REQUIRED* Date: Feb. 1/2000 Daytime Phone #: 561-335-2084

CR2E003 (9/99)